

Write to Us
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Accounts Dept : accounts@edisc.co.za
Support Dept : support@edisc.co.za

Client Name: _____ **Date:** DD/MM/20YY

*The following details are compulsory for all new and existing Clients;
Domain Name, Package Name, Name and Surname, ID Number, Address, Province, Area Code, Tel and Email Address

Domain Details;

| | |
|------------------|--|
| Domain Name: * | |
| Package Name: ** | |

* Please specify on which server the Client needs to be i.e. Linux or Windows.

Your Details; (or details of Company Authorised Person)

| | |
|--------------------|--|
| Company Name: | |
| Name: * | |
| Surname: * | |
| ID Number: ** | |
| Address: * | |
| Province: * | |
| Area Code: * | |
| Telephone No: * | |
| Cell Phone No: | |
| Email: * | |
| Alternative Email: | |

* Please remember to attach a copy of your ID document, in order for us to process the application.

I Agree to eDiscs' Terms and Conditions (*available on website or upon request*)

Client Name

Client Signature

DD/MM/YYYY
Date